

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15	/		/				65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22	/		/				72						
23		/					73						
24	/		/				74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30	/		/				80						
31			/				81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		6				TOTAL IND.						
TOTAL DEP.	25		25				TOTAL DEP.						
TOTAL CLAIMS	30		31				TOTAL CLAIMS						

BEST AVAILABLE COPY